

TOWN OF WEBSTER

EMPLOYMENT APPLICATION

PLEASE READ BEFORE FILLING OUT THIS APPLICATION

The Town of Webster does not discriminate in hiring or employment on the basis of race, color, religious creed, national origin, handicap, veteran status, ancestry or on the basis of age. No question on this application is intended to secure information to be used for such discrimination.

To be sure that your application is properly evaluated, all questions should be answered clearly, completely and accurately in your own handwriting. If you need more space, please attach a separate sheet. Please print and use ink.

PERSONAL

Date _____

Name _____
Last First Middle

Address _____
Number Street City State Zip Code

Mailing Address _____
Number Street City State Zip Code

Telephone() _____ Social Security No. _____

Position(s) desired _____

Salary desired _____ Date Available _____

GENERAL INFORMATION

IS THERE ANY TYPE OF WORK WHICH YOUR PHYSICIAN HAS ADVISED YOU NOT TO PERFORM? IF YES, PLEASE EXPLAIN

BY WHOM OR WHAT SOURCE WERE YOU REFERRED TO US?

☐ SELF ☐ AGENCY ☐ SCHOOL/
COLLEGE ☐ NEWSPAPER
OR OTHER
PUBLICATION ☐ EMPLOYEE
REFERRAL NAME ☐ OTHER

If employed and you are under 18,
Can you furnish a work permit? ☐ Yes ☐ No

Have you filed an application here before? ☐ Yes ☐ No If yes, give date _____

Have you ever been employed here before? ☐ Yes ☐ No If yes, give date _____

Are you employed now? ☐ Yes ☐ No May we contact your present employer ☐ Yes ☐ No

U.S. Citizen? ☐ Yes ☐ No If not, what type of visa do you hold? _____

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organizations names which indicate race, color, religion, sex or national origin.

Employer	Dates Employed		Worked Performed
	From	To	
Address			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			
Employer	Dates Employed		Worked Performed
	From	To	
Address			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason for leaving			
Employer	Dates Employed		Worked Performed
	From	To	
Address			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			
Employer	Dates Employed		Worked Performed
	From	To	
Address			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

MAY WE CONTACT YOUR PRESENT EMPLOYER?

☐ IMMEDIATELY ☐ AFTER ACCEPTANCE OF EMPLOYMENT ☐ NO IF NO. GIVE REASON _____

If applying for a clerical position, please answer the following questions.

Can you type? _____ (W.P.M.) Do you take shorthand? _____ (W.P.M.)

Have you used a V.D.T.? _____ (Model _____)

Describe other training, certifications, permits or experience applicable to the job you are seeking.

EDUCATION

HIGH SCHOOL			CIRCLE LAST YEAR COMPLETED	
COMPLETE ADDRESS			1 2 3 4	
DATES ATTENDED	FROM /	TO /	GRADUATED <input type="checkbox"/> YES <input type="checkbox"/> NO	MAJOR COURSE OF STUDY
COLLEGE			MAJOR COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED
COMPLETE ADDRESS			1 2 3 4	
DATES ATTENDED	FROM /	TO /	GRADUATED <input type="checkbox"/> YES <input type="checkbox"/> NO	DEGREE OR CERTIFICATE RECEIVED
OTHER SCHOOLS OR SPECIALIZED TRAINING			MAJOR COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED
COMPLETE ADDRESS			1 2 3 4	
DATES ATTENDED	FROM /	TO /	GRADUATED <input type="checkbox"/> YES <input type="checkbox"/> NO	DEGREE OR CERTIFICATE RECEIVED
SCHOLASTIC HONORS, SCHOLARSHIPS ETC.				

DO YOU INTEND TO CONTINUE YOUR EDUCATION? IF YES,GIVE DETAILS

REFERENCES

GIVE BELOW THE NAME OF THREE PERSONS **NOT RELATED TO YOU** WHOM WE MAY CONTACT FOR WORK REFERENCE

NAME	ADDRESS	OCCUPATION	YEARS ACQUAINTED

AGREEMENT

Please read before signing

NOTE: If you have any questions regarding the following statement, please ask the Personnel Representative before signing.

I understand that receipt of this application and the granting of an interview does not imply that I will be employed.

I hereby affirm that the information provided by me on this application (and accompanying resume, if any) is true and complete and I understand that any false information or material omission of fact may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date. I understand that any offer of employment is conditioned upon satisfactory replies from my references and that employment is for no stated term and may be terminated by me or the Town.

I authorize persons, schools, current employer (if applicable) and previous employers and organizations named in this application (and accompany resume, if any) to provide the Town of Webster any relevant information which may be required to arrive at an employment decision and I voluntarily release such persons, schools, employers and organizations from all liability for providing such information. I release the Town of Webster against any liability which might result from requesting such information.

Signature: _____ Date: _____

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

For Personnel Department Use Only

Arrange Interview ☐ Yes ☐ No

Remarks _____

INTERVIEWER DATE

Employed ☐ Yes ☐ No Date of Employment _____

Hourly Rate _____

Job Title _____ Salary _____ Department _____

By _____
NAME AND TITLE DATE

TOWN OF WEBSTER

Office of the Board of Selectmen
350 Main Street
Webster, MA 01570

Ph: 508-949-3800 x1041

Walter D. Ricci, Chairman
Don Bourque, Vice Chairman
Jeffrey P. Duggan, Secretary
Mark G. Dowgiewicz
Deborah A. Keefe

CORI REQUEST FORM

Webster Board of Selectmen has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant\employee for _____, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

Applicant\Employee Signature

APPLICANT\EMPLOYEE INFORMATION (PLEASE PRINT)

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE)

PLACE OF BIRTH

DATE OF BIRTH

SOCIAL SECURITY NUMBER
(Requested, not required)

*ID THEFT INDEX PIN
(If applicable)

MOTHER'S MAIDEN NAME

CURRENT AND FORMER ADDRESSES:

SEX: _____ HEIGHT: _____ ft. _____ in. WEIGHT: _____ EYE COLOR: _____

STATE DRIVER'S LICENSE NUMBER: _____
(Included state of issue)

****** THE INFORMATION WAS VERIFIED WITH THE FOLLOWING FORM OF GOVERNMENT
ISSUED PHOTOGRAPHIC IDENTIFICATION: _____**

REQUESTED BY: _____
SIGNATURE OF CORI AUTHORIZED EMPLOYEE

*The CHSB Identify Theft Index PIN Number is to be completed by those applicants that have been issued and Identity Theft Index PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process.

All CORI request forms that include this field are required to be submitted to the CHSB via mail or by fax to 617-660-4614.